

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	DATE	ID NO.	DATE
FEE DETERMINATION	11/10		06-13-01
O.I.P.E. CLASSIFIER		21	223
FORMALITY REVIEW	SS	513	09-10-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/30/03
2	✓	✓	11/9/03
3	✓	✓	10/29/03
4	✓	✓	11/5/03
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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If more than 150 claims or 10 actions  
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